Office of the EMS Medical Director of Kansas City, MO

Public Access Defibrillation

Program Guide

2014/2015

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V. Attachments (cont.)

Public Access Defibrillation (PAD)
Provider Rules and Regulations

I. DEFINITIONS

a. *Authorized Individual means*; any person (not general public), not otherwise licensed or certified to use the automatic external defibrillator (AED), who has met the training standards specified in this policy, and is authorized to use the AED by the Medical Director and the Program Manager.

B. *General Public (lay person) means*; an individual not affiliated with a PAD Program who engages in the use of an available AED.

C. *Automatic External Defibrillator or "AED means;* an external defibrillator capable of cardiac rhythm analysis that will charge and, with operator action, deliver a shock after electronically detecting that a "shockable rhythm" is present.

d. *Program Medical Director means;* a physician licensed in the U.S., who develops, implements, and maintains the medical control provisions specified in this policy and authorizes individuals to operate an AED. Sample forms, training records, and protocols are included with this guide.

e. *Program Manager means;* a person shall be appointed to oversee the administration of the PAD program.

F. *Public Access Defibrillation or "PAD";* refers to the utilization of AEDs by layperson rescuers to treat victims of sudden cardiac arrest in public or private venues.

g. *PAD Site;* refers to the agency, organization or company that sponsors a PAD program and allows placement of an AED on their premises.

II. PURPOSE

a. To provide for system-wide public access defibrillation standards, review and oversight by the Office of the EMS Medical Director, of Kansas City, Missouri (KCMO).

b. To provide structure to programs implementing automatic external defibrillators for use by lay persons treating victims of sudden cardiac arrest.

c. To provide for integration of public access defibrillation (PAD) Programs with the established emergency medical services system.

d. To provide a mechanism for PAD Quality Improvement activities across the City of Kansas City, Missouri by the Office of the EMS Medical Director.

III. AUTHORITY

a. Missouri Revised Statutes, Chapter 190, and Section 190.092.

Missouri Revised Statutes

Chapter 190
Emergency Services

August 28, 2013

Defibrillators, use authorized when, conditions, notice--good faith immunity from civil liability, when,

190.092. 1. This section shall be known and may be cited as the "Public Access to Automated External Defibrillator Act".

2. A person or entity who acquires an automated external defibrillator shall ensure that:

(1) Expected defibrillator users receive training by the American Red Cross or American Heart Association in cardiopulmonary resuscitation and the use of automated external defibrillators, or an equivalent nationally recognized course in defibrillator use and cardiopulmonary resuscitation;

(2) The defibrillator is maintained and tested according to the manufacturer's operational guidelines;

(3) Any person who renders emergency care or treatment on a person in cardiac arrest by using an automated external defibrillator activates the emergency medical services system as soon as possible; and

(4) Any person or entity that owns an automated external defibrillator that is for use outside of a health care facility shall have a physician review and approve the clinical protocol for the use of the defibrillator, review and advice regarding the training and skill maintenance of the intended users of the defibrillator and assure proper review of all situations when the defibrillator is used to render emergency care.

3. Any person or entity who acquires an automated external defibrillator shall notify the emergency communications district or the ambulance dispatch center of the primary provider of emergency medical services where the automated external defibrillator is to be located.

4. Any person who gratuitously and in good faith renders emergency care by use of or provision of an automated external defibrillator shall not be held liable for any civil damages as a result of such care or treatment, unless the person acts in a willful and wanton or reckless manner in providing the care, advice, or assistance. The person or entity who provides appropriate training to the person using an automated external defibrillator, the person or entity responsible for the site where the automated external defibrillator is located, the person or entity that owns the automated external defibrillator, the person or entity that provided clinical protocol for automated external defibrillator sites or programs, and the licensed physician who reviews and approves the clinical protocol shall likewise not be held liable for civil damages resulting from the use of an automated external defibrillator. Nothing in this section shall affect any claims brought pursuant to chapter 537 or 538.

5. All basic life support ambulances and stretcher vans operated in the state of Missouri shall be equipped with an automated external defibrillator and be staffed by at least one individual trained in the use of an automated external defibrillator.

6. The provisions of this section shall apply in all counties within the state and any city not within a county.

(L. 1998 H.B. 1668 § 190.375, A.L. 2002 S.B. 1107, A.L. 2004 H.B. 1195, A.L. 2009 H.B. 103, A.L. 2010 H.B. 1977)

http://www.moga.mo.gov/statutes/chapters/chap190.htm

b. Code of Ordinances of Kansas City, Missouri, Chapter 34, Article XIV

Chapter 34, Article XIV, Code of Ordinances
Of Kansas City, Missouri
ARTICLE XIV. - PUBLIC ACCESS DEFIBRILLATION PROGRAM

Sec 34-551. - Title.

This article shall be known and may be cited as the "Public Access Defibrillation Program Code."

(Ord. No. 021294, § 1, 11-7-02)

Sec. 34-552. - Purpose.

It is the purpose of this code to create the public access defibrillation program and establish guidelines for use, training, and data collection, as well as requirements and procedures for implementing and using AEDs within this program.

(Ord. No. 021294, § 1, 11-7-02)

Sec. 34-553. - Definitions.

Authorized user means any person who has met the training standards of this code, and is authorized to use the AED by the medical director and program manager.

Automated external defibrillator* or *AED means an external defibrillator capable of cardiac rhythm analysis that will charge and, with or without further operator action, deliver a shock after electronically detecting that a "shockable rhythm" is present.

Director means the director of health or persons to whom the director has delegated duties imposed by this code.

Health care facility means a hospital, nursing home, physician's office or other fixed location at which medical and health care services are performed.

Medical director means a physician authorized by the State of Missouri to permit individuals to operate an AED and who develops, implements and maintains the medical control provisions of this code and the regulations promulgated pursuant to this code.

Program manager means a person who works with the medical director to oversee the administration of the PAD program.

Public access defibrillation or *PAD* means the utilization of AEDs by rescuers to treat victims of cardiac arrest in public or private places, including first aid providers at public

events not associated with the prehospital emergency medical services provider for the city, staff of nursing homes not otherwise exempt by this code, and similar activities.

PAD site means the agency, business, organization, or other entity that sponsors a PAD program and allows placement of an AED on its premises.

(Ord. No. 021294, § 1, 11-7-02)

Sec. 34-554. - Exceptions.

The following entities or persons are exempt from the provisions of this code:

(1)***Hospitals;*** Hospitals licensed by the State of Missouri.

(2)***Physicians;*** Persons licensed by the State of Missouri pursuant to RSMo Ch. 334.

(3)***Nurses;*** Persons licensed by the State of Missouri as a nurse pursuant to RSMo Ch. 335.

(4)***City EMS system;*** Persons licensed by the City of Kansas City, Missouri and who work for the ambulance system contractor or the City's Fire Department, if those persons have been approved for use of an AED by the City's medical director for pre-hospital emergency medical services.

(5)***Mutual aid providers;*** Persons working for state licensed ambulance services, governmental fire departments or other EMS agencies that are operated legally in conjunction with the City's EMS system.

(6)***Private home;*** Persons keeping an AED for personal use in their private home.

(Ord. No. 021294, § 1, 11-7-02; Ord. No. 050692, § 1, 6-23-05)

Sec. 34-555. - Use of AEDs.

No person shall begin a public access defibrillation program after March 31, 2003, unless the program is certified by the director of health. Public access defibrillation programs operating on March 31, 2003, may operate for one year from that date without being certified by the director of health. Thereafter, all public access defibrillation programs shall be certified by the director of health.

(Ord. No. 021294, § 1, 11-7-02)

Sec. 34-556. - Director of health duties.

(a)***Adopt regulations;*** The director shall adopt regulations necessary to implement a public access defibrillation program within the authorization of this code, Missouri law and regulations, and current medical standards for the use of AEDs and prompt treatment of people suffering cardiac arrest.

(b)***Register medical directors;*** The director shall maintain a list of registered medical directors who shall be licensed physicians.

(c)***Authorized programs;*** The director shall maintain a list of authorized programs reflecting their intent to operate a PAD program pursuant to this code.

(d)***Public access defibrillation programs;*** The director shall maintain a list of PAD program sites.

(e)***Audit;*** The director shall have the right to audit any use of an AED. The director may review maintenance and repair records, training records, medical director agreements, reports of cardiopulmonary resuscitation or AED use, and any other records necessary to determine compliance with the terms of the PAD program. An audit, or quality assurance review, may include gathering clinical data and information from the person who used the AED, and from the AED itself.

(f)***Delegation;*** The director of health may delegate duties to appropriate personnel, including the medical director of the prehospital emergency medical services system working through the director's office, the Emergency Physicians Advisory Board, or other persons or entities determined by the director to be qualified to oversee the operations of PAD programs.

(Ord. No. 021294, § 1, 11-7-02)

Sec. 34-557. - PAD program duties.

(a)***Training;*** Any person acquiring an AED will authorize the use of the AED only by persons who have received training by the American Heart Association or American Red Cross, or an equivalent nationally recognized course approved by the director including the identification of cardiac arrest, administration of cardiopulmonary resuscitation, and the use of AEDs. However, this is not meant to imply that a PAD program can not place an AED in a public setting (the so called "fire extinguisher" mode) where an untrained citizen could use it in an emergency until an authorized user or a member of the city's EMS system arrived.

(b)***Maintenance and testing;*** Any person acquiring an AED will maintain and test the unit according to the manufacturer's operational guidelines. Records of maintenance and testing will be made available to the director upon request.

(c)***Notification of use of the AED;*** Any person who renders emergency care or treatment on a person by using an AED must notify the EMS system through proper use of the 9-1-1 system or other means to seek prehospital emergency medical services.

(d)***Medical control;*** Any person acquiring an AED for use outside a health care facility shall have an authorized physician provide the medical protocol for the use of the device. Protocols will be made available to the director upon request.

(e)***Cooperation with the director;*** A person acquiring an AED and the user of an AED will fully cooperate with the director in any audit or other quality assurance review, including the retrieval of clinical data from the device itself by the director.

(f)***List of authorized user;*** A PAD program will maintain a list of the persons participating in the program reflecting the persons' training and qualifications. This list will subject to audit by the director.

(Ord. No. 021294, § 1, 11-7-02)

Sec. 34-558. - Certification of participants in a PAD program.

(a)***Director of health duties;*** The director of health may establish criteria for the certification of AED programs.

(b)***Periodic certification;*** The director of health is authorized to require recertification of the program at intervals established by regulation.

(Ord. No. 021294, § 1, 11-7-02)

Sec. 34-559. - Violations. It is unlawful to:

(1)Fail to cooperate with the director in the investigation, audit or other review of the use of an AED; or

(2)Fail to make the AED available to the director for the recovery of data; or

(3)Fail to properly maintain and test an AED made available for use.

(4)Fail to relinquish control of patient care to appropriately licensed members of the Kansas City prehospital emergency medical services system on their arrival.

(Ord. No. 021294, § 1, 11-7-02)

Sec. 34-560. - Severability. Should any portion of this code be held invalid or unenforceable, the remaining provisions of this code shall remain in effect.

(Ord. No. 021294, § 1, 11-7-02)

c. Authority for oversight

Delegated by the Director of Health to the KCMO EMS Medical Director.

IV. PROGRAM REQUIREMENTS

a. Requirements

i. Any organization wishing to authorize an individual(s) to operate an AED on its premises in the City of Kansas City, Missouri shall apply to and be approved by the Kansas City, Missouri EMS Medical Director.

ii. After submission of required documentation, the PAD Site will be given an approval certificate(s) to be displayed with each AED location.

iii. The approval will remain in effect for a period of two years. The Office of the EMS Medical Director will contact the PAD site prior to the expiration date and the PAD site will complete a re-approval process that ensures that the program requirements are current.

iv. The PAD site will notify the Office of the EMS Medical Director of any changes that occur prior to the re-registration approval process. (i.e., change in Program Medical Direction, Program Management and AED's.)

b. Staff

i. Program Medical Director must be a licensed physician. This individual is responsible for assuring the quality, integrity and legal compliance of the PAD program.

ii. Program Manager may be appointed by the program's Medical Director to oversee the administration of the PAD Program.

c. Memorandum of Agreement "MOA"

i. An "MOA" must be established between the program's Medical Director and the agency/organization wishing to establish a PAD program.

d. Program Plan

i. A written description of the PAD program that should include but is not limited to, authorization of personnel, written protocols and case-by-case reviews.

e. Training

i. A mechanism of the training and testing of the authorized individuals(s) in the use of an AED. This may be accomplished by an affiliation with an appropriate training entity. A list of training organizations is included in this program guide*. "The Office of the EMS Medical Director does not endorse any training programs".*

ii. A list shall be maintained of those individuals that have been trained and authorized by the Program Medical Director to us the AED.

iii. All training must meet or exceed the standards of the Heartsaver AED course set forth by the American Heart Association or equivalent.

iv. The training standards prescribed by this section shall not apply to licensed, certified or other prehospital emergency medical care personnel as defined by Missouri Revised Statutes, Chapter 190 Emergency Services Section 190.092, Code of Ordinances of Kansas City Missouri, Chapter 34, Article XIV and the KCMO EMS Medical Director's Rules and Regulations.

f. Quality Assurance

i. A quality assurance mechanism that will ensure the continued competency of the authorized individual(s) to include periodic training and skill proficiency demonstrations monitored by either the prescribing physician or his/her designee.

ii. Initial, refresher, and periodic training of all individuals authorized to operate the AED.

iii. A plan for utilizing the AED, including written protocols.

iv. A method to record and review each incident of an AED used.

g. AED Equipment and Maintenance Specifications

i. All automatic external defibrillators utilized under this policy shall meet minimum standards set forth by the Food and Drug Administration. Consult with your Program's Medical Director prior to purchasing any device. Included in this guide is a list of AED manufactures. *"The Office of the EMS Medical Director does not endorse any vendor, manufacturer or model."*

ii. All defibrillators shall be maintained and regularly tested according to the operation and maintenance guidelines set forth by the manufacturer.

iii. Every AED shall be checked for readiness after each use and at minimum once every thirty days.

h. Documentation

i. Certain documents should be kept on file and should be made available to the KCMO EMS Medical Director and/or authorized personnel upon request.

Documents should include (but are not limited to):

1. PAD Program Application (attachment 1)

2. PAD Program "Memorandum of Agreement" (attachment 2)

3. AED Protocol (attachment 3)

4. AED Simple Algorithm (attachment 4)

5. Incident Report of CPR and/or AED Use (attachment 5)

6. AED Operator Training Record (attachment 6)

7. AED Monthly Safety Inspection Record (attachment 7)

8. Attachments 2 through 7 are "Samples". A PAD Program is not required to use these specific documents. The Program Medical Director and/or Program Manager may develop documents as applicable to their own program. Locally developed documents must meet or exceed the sample documents. These documents are for illustration and example, and do not constitute any offer or acceptance to provide legal advice to any PAD Program or person. Legal questions about documents involved in establishing a PAD Program, such as the "Memorandum of Agreement" between the Program and its Medical Director and other reports and records should be addressed to the Program's counsel.

9. AED Equipment and Maintenance Issues:

1. Any manufacturer recommended maintenance on the AED.

2. Any repairs performed on the AED.

3. Required safety inspections done on the AED.

4. Any FDA medical products reporting, in the event of an AED malfunction. Notify the Office of the EMS Medical Director at (816) 513-6262 or visit the Food & Drug Administration website:

www.fda.gov.medwatch/report/consumer/consumer.htm

Attachment 1

KCMO PAD Program Application

Program Medical Director Information:

Name:		**State License #**	**Expiration Date:**
Address:			
City:		**State:**	**Zip:**
Pager #:	**Work #:**	**Fax #:**	**E-Mail Address:**

PAD Program Site Information:

Facility Name:		**Facility Phone #:**	
Facility Address:			
City:	**State:**	**Zip:**	
Program Manager:			
Pager #:	**Work #:**	**Fax #:**	**E-Mail Address:**
Number of Employees:		**Hours of Operation:**	

Copy this page for additional listings of AED's at your facility

AED Brand & Model:	**AED Serial #:**
Physical Location of AED:	

AED Brand & Model:	**AED Serial #:**
Physical Location of AED:	

AED Brand & Model:	**AED Serial #:**
Physical Location of AED:	

AED Brand & Model:	**AED Serial #:**
Physical Location of AED:	

AED Brand & Model:	**AED Serial #:**
Physical Location of AED:	

AED Brand & Model:	**AED Serial #:**
Physical Location of AED:	

Attachment 1 (cont.)

Training Organization Information:

Name:
Address:
Point of Contact:
Phone #:
Fax #:

Signing and submitting this application represents that you have read, understand, and will comply with the requirements of Missouri Revised Statutes, Chapter 190, Section 190.092, Chapter 34, Article XIV, Code of Ordinances of Kansas City, Missouri, and KCMO EMS Section Rules and Regulations. Your signature also represents that all information on this application is true and correct. Return this completed application to: The Office of the EMS Medical Director, 2400 Troost Avenue, Suite 4200 Kansas City, MO 64108

Medical Director Signature: _____ Date: _____

Program Manager Signature: _____ Date: _____

Attachment 2 (sample)
Memorandum of Agreement "MOA"

Public Access Defibrillation Program
Memorandum of Agreement

This agreement is made and entered into on: _____

and is between: _____ *hereinafter known as the* **"PROGRAM MEDICAL DIRECTOR"**

and: _____ ***hereinafter known as the* "AGENCY"**

The purpose of this agreement is to establish a program for the utilization of defibrillation procedures by the authorized individual(s) employed by the AGENCY who will function under the supervision of the MEDICAL DIRECTOR. An agreement is required by Chapter 34, Article XIV, codes of Ordinance of Kansas City, Missouri.

THEREFORE, THE PARTIES NOW MUTUALLY AGREE AS FOLLOWS:

The *PROGRAM MEDICAL DIRECTOR* agrees;

1. **To assume responsibility for all medical aspects of the program and to ensure, in cooperation with the program manager, that all administrative requirements are accomplished.**

2. **To conduct defibrillation training programs that meet or exceed the standards of the Heart-saver AED Course set forth by the American Heart Association or equivalent.**

3. **To establish a process that provides authorization-to-practice for individuals appropriately trained in the use of defibrillation equipment.**

4. **To establish a quality assurance program that reviews all uses of the defibrillation equipment and which provides for ongoing education and the regular evaluation of skill competency necessary to maintain authorization-to-practice.**

5. **To assist the *AGENCY* in establishing a plan to promote awareness, employee education, and provide a heart safe environment.**

The *AGENCY* agrees;

1. **To maintain with the *PROGRAM MEDICAL DIRECTOR*, an up to date roster of all individuals employed by the *AGENCY* who are authorized-to-practice.**

2. **To participate in all quality assurance procedures established by the *PROGRAM MEDICAL DIRECTOR* including case reviews and skill competency evaluations.**

3. **To utilize and abide by written protocols for the use of defibrillation equipment.**

4. **To establish policies for regular inspection and preventative maintenance of all defibrillation equipment and batteries.**

5. **To utilize only the equipment that is approved by the *PROGRAM MEDICAL DIRECTOR*.**

6. **To assist the *PROGRAM MEDICAL DIRECTOR* in establishing a plan to promote awareness, employee education, and provide a heart safe environment.**

7. **The Office of the EMS Medical Director for the City of Kansas City, Missouri, will be notified by the terminating party that the agreement will be terminated. This notification will be made at least 45 days prior to the date of termination.**

It is *AGREED TO BY ALL PARTIES* that any party may terminate this memorandum of agreement with sixty (60) days written notice.

PROGRAM MEDICAL DIRECTOR;

_____ _____

Program Medical Director's Signature **Date**

_____

Printed name

AGENCY;

_____ _____

Agency Signature **Date**

_____

Printed name

Attachment 3 (sample)
Facility AED Protocol

Indications

- Patient with no signs of circulation and no breathing (signs of circulation include: normal breathing, coughing, moving or a pulse is present)
- This may occur in the setting of "sudden cardiac death", electrocution, drowning, lightning strike, etc.

Contraindications

- Children under age 1 (estimate based on information available to individual operating the AED).
- Patient is breathing, responsive, speaking, or making intentional movements.

Potential Adverse Effects/Complications

- Burns to the skin.
- Electrical shock hazard if not used correctly.

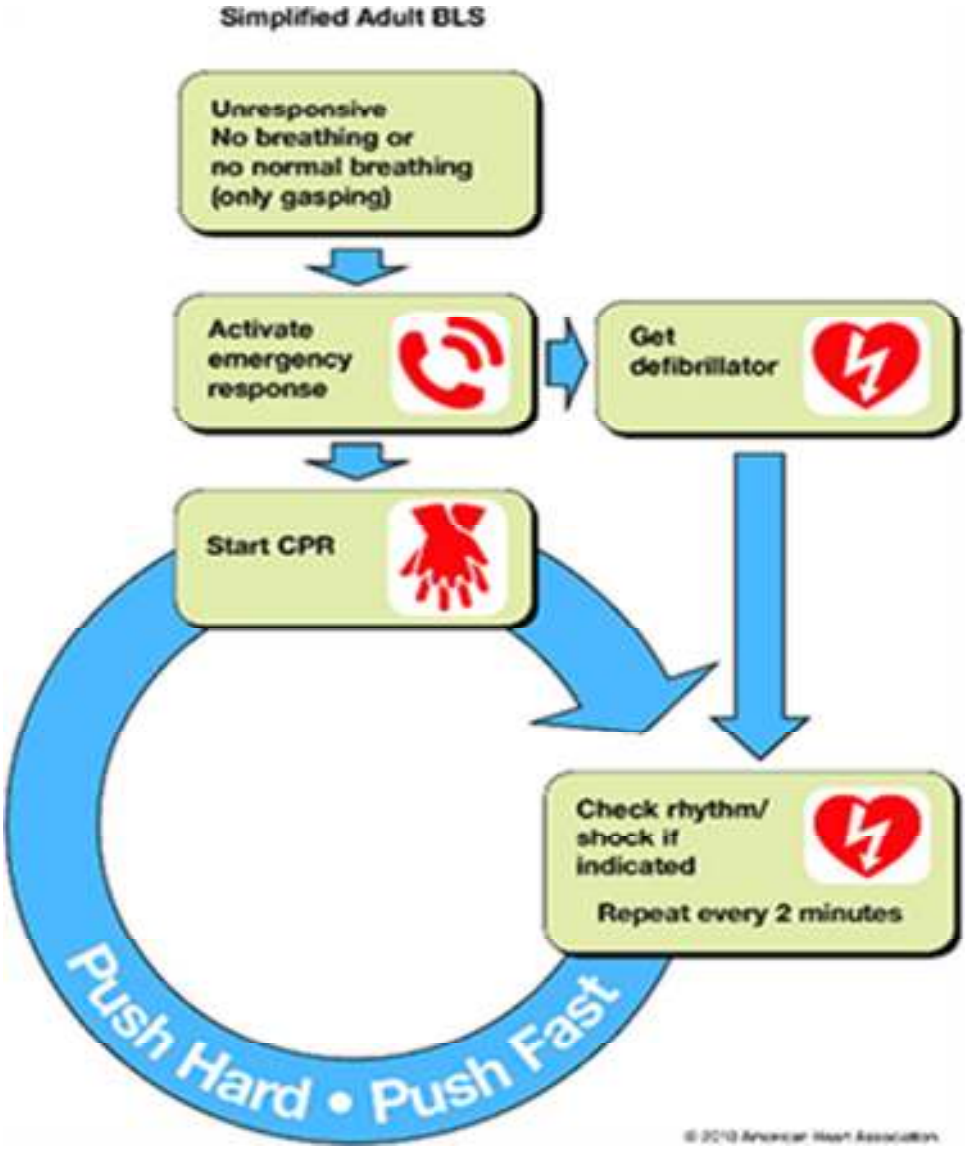
Precautions/Critical Concepts

- Wet conditions – make sure the patient and environment are dry.
- Metal surfaces – make sure the patient is not touching any metal surfaces (e.g., tables, chairs, machinery, etc).
- Do not touch the patient while the AED is analyzing, charging, or shocking the patient.
- Ensure the patient is "clear" (no one is touching the patient) when the shock is delivered.
- Never defibrillate while moving the patient.
- Location of the AED(s) should provide optimal accessibility and allow for an ideal response time of less than 3 minutes. Upon placement of the AED, consider the following:

    - No obstacles are in the way of reaching the AED.
    - Avoid locked doors preventing quick access to the AED.
    - Areas within the facility that have a large population or high-risk individuals.
    - Length of time and distance to access the AED.
    - The AED is placed in a location clearly visible to the authorized operators.

Attachment 4 (sample)

Simplified AED Algorithm



The 2010 AHA Guidelines for CPR and ECC once again emphasize the need for high-quality CPR, including;

A compression rate of at least 100/min (a change from "approximately" 100/min)

A compression depth of at least 2 inches (5 cm) in adults and a compression depth of at least one third of the antero-posterior diameter of the chest in infants and children (approximately 1.5 inches [4 cm]in infants and 2 inches[5 cm] in children).

Note that the range of 1½ to 2 inches is no longer used for adults, and the absolute depth specified for children and infants is deeper than in previous versions the AHA Guidelines for CPR and ECC

Allowing for complete chest recoil after each compression

Minimizing interruptions in chest compressions

Avoiding excessive (hyper) ventilation

Attachment 5 (sample)
Incident Report

Report; CPR and/or AED use to the Office of the KCMO EMS Medical Director

Mandatory Data Elements
Name of PAD program:
Name of AED operator:
Place of occurrence: (specific location)
Date: (date of incident)
Time of incident:
Patient's name: (if able to determine)
Patient's age: (approximate if unable to determine)
Patient's sex:
Times: (approximate time if unable to determine)
Patient collapsed:
9-1-1 called:
CPR initiated:
AED attached:
Shock delivered: (if applicable)
Total number of defibrillation shocks:
Was there any return of spontaneous signs of circulation (pulse)?
Was there any return of spontaneous breathing?
Optional Data Elements
Circumstances of cardiac arrest
Was cause of arrest determined?
Any patient history?
Patient's allergies?
Patient's medications?
EMS OFFICE USE ONLY
Medical Director/Program Manager submitting report:
Date report received at EMS Section:
Patient prehospital outcome:
Patient disposition:

Provide a copy within 72 hours to: **KCMO EMS Medical Director**
PAD Program Medical Director
PAD Program Agency

Attachment 6 (sample)
Training Record

AED OPERATOR TRAINING RECORD

Please complete and maintain the following information;

For each authorized individual to operate the AED(s) at your PAD site.

Name:	
Title:	
Location where individual completed training:	
Date completed training:	**Initials:**
Date of refresher training:	
Date of refresher training:	
Date of refresher training:	
Date of refresher training:	

Signature of Operator:

_____ Date: _____

Signature of PAD Program Manager:

_____ Date: _____

Attachment 7 (sample)
AED Safety Inspection

AED Monthly Safety Inspection Record for:

Year _____ Make_____, Model _____Serial#_____

(Please complete a separate record for each AED)

Month/Date	Inspector Initials:	Carrying Case	Battery charged:	Additional

Attachment 8
Automated External Defibrillator Manufacturers

There are currently four companies in the United States that manufacture AEDs.
All AEDs on the market have been cleared by the Food and Drug Administration and thus are considered safe and effective. The information below is provided as a convenience for anyone interested in establishing a PAD Program.

The Office of the EMS Medical Director and the City of Kansas City, Missouri does not endorse any specific AED manufacturers/vendor.

AED Manufacturers are listed below:

Cardiac Science, Inc.
Phone: 800-426-0337
Website: www.cardiacscience.com

Defibtech Lifeline
Phone: 866-333-5641
Website: www.defibtech-lifeline.com/lifeline

Heartsine Samaritan
Phone: 800-422-8129
Website: www.heartsinesamaritian.com

Philips Medical Systems
Phone: 800-934-7372
Website: www.medical.philips.com

Physio-Control, Inc.
Phone: 800-442-1142x2
Website: www.physiocontrol.com

Zoll Medical Corporation
Phone: 800-348-9011x1
Website: www.zoll.com

Attachment 9
Training Organizations

There are local agencies that provide CPR and AED training. You may use the links below to find training opportunities in your area, or contact your local Emergency Medical Services.

Heart of America Metro Fire Chiefs
Heartsafe Community

KCFD Medical Bureau
Heart Safe Program
816-784-9200

www.hoaheartsafe.org

American Heart Association
Corporate Office: 7272 Greenville Ave, Dallas, TX 75231
1-800-AHA-USA 1-800-242-8721 1-888-474-VIVE

http://www.heart.org/heartorg

American Red Cross
A Greater Kansas City Chapter
211 W. Armour Blvd, Kansas City, MO 64111
816-931-8400

http://www.redcross.org
The American National Red Cross is registered as 501(c) (3) non-profit organizations. Contributions to The American National Red Cross are tax-deductible to the extent permitted by law. The Red Cross' tax identification number is 53-0196605.

Kansas City First Aid
5817 Longview, Shawnee Mission, KS 66218
913-980-5245

www.kcfirstaid.com

Cardiac Arrest, CPR & AED

Did you know that Sudden Cardiac Arrest is a leading cause of cardiovascular death?

There is hope for the SCA victim, but time is the enemy.

To survive SCA they must receive immediate cardiopulmonary (CPR) resuscitation to increase the blood flow to the heart and brain, along with a shock from a defibrillator to stop the abnormal heart rhythm.

For every minute without CPR and an AED, chances of survival decrease by 7 to 10%.
American Heart Association; www.heart.org/advocacy

Be Safe
Register your AED and become a
Public Access Defibrillator
Program Site

Please register directly with;

The Office of the EMS Medical Director
Jay H. Reich, M.D.

2400 Troost Ave, Suite 4200
Kansas City, Missouri 64108
Phone: 816-513-6262 or
Email: oemsmd@kcmo.org

Question: Who should register AED's?

- Clubs
- Community Centers
- Construction Companies
- Corporations
- Day Care Centers, Adult/Child
- Eating Establishments
- Faith-Based Entities
- Fairs/Festivals
- Fitness Centers
- Gaming Industry
- Government Facilities
- Hotels
- Industrial
- Libraries
- Motels
- Music Halls
- Nursing Homes
- Organizations
- Private Businesses
- Private Schools
- Public Schools
- Retail Businesses
- Recreational Facilities
- Senior Centers
- Special Events; Circus, Festivals, Rodeos'
- Sporting Complexes
- Sporting Events
- Theatres
- Theme Parks
- Water Parks
- Zoos
- ***Any entity that has an AED that is available to the public***

Answer: What is the benefit of registering AED's?

- AED PAD Programs can improve the survival of a person in cardiac arrest
- Studies show that early access to those who are a victim of cardiac arrest, have a better chance of survival
- State of MO. and K.C.MO., have regulated specific laws regarding the PAD Programs and the use of AED's
- Registering AED's can protect the Good Samaritan AED user(s) from any civil claims of liability
- Provides greater access of AED's to the public by registering PAD Programs with KCMO

Chain of survival for those who experience sudden cardiac arrest in a public setting

Call 911 immediately

- **Early recognition and access to emergency medical services**
- **Early bystander CPR when needed**
- **Early delivery of a shock with a defibrillator when indicated**
- **Early advanced life support followed by post-resuscitation care**